3rd COSCOM G8
Ms. Surinder Dhadwall / Ms. Sally Goloyugo

Agenda

- Purpose “Budgeting For Safety”
- FY05 Budget Formulation
- FY05 GWOT Funding Issues
- Safety Programs Budgeting and Funding Guidance
- Obligation Rules
- Obligation Documents
- Government Purchase Card
- Government Travel Card
- TDY
- Comments / Questions

Purpose

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Provide Budgeting & Funding Guidance for Safety Programs.

Safety Budget Formulation

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FY05 Safety Budgets are developed from

- Historical Execution
- Forecasted Operational Requirements
- Approved Training Events
- Estimated Training Resource Model (TRM)
- Programmed Available Resources

FY05 GWOT Funds

FY05: $???

DEFINITION:

- Global War on Terrorism includes Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF), and Operations in Support of Liberia.

WHAT IT BUYS:

- Pre-Deployment:
  -Supplies, training, etc.
- Sustainment:
  - PDY, TCS, etc.
  - TCS / TDY
  - Bus/Rail
  - Life Support
  - Communications
  - Rents & Leases
  - Supplies
  - Civilian Overhires
- Reconstitution:
  -Reintegration Training
  -Supplies

HOW COMPUTED:

- Estimates Submitted By Units
- Actual Obligations and Revised Estimates are reported Each Month.
- Funding Is Initially **"Cash Flowed"** from OPTEMPO

Safety Budget

What the Safety Budget Program buys:

- Supplies: Office supplies, etc.
- Training: Schools, Courses, Educational Materials, etc.
- TDY: Conferences, Training, Site visits, Evaluations, inspections, and awareness programs intended to ensure unit compliance with DOD safety policy and procedures.
- Awards: Awards purchased in recognition of unit and individual contributions and achievement in safety programs.

BASIC OBLIGATION RULES

OBLIGATION RULES

The control of funds is governed by the legal availability of funds with respect to:

- **Purpose** - The Necessary Expense Doctrine (Sec. 31 USC 1301)
  - ✓ Reasonably related to appropriation
  - ✓ Not prohibited by law
  - ✓ Not otherwise accounted for
- **Time** - Bona Fide Need Rule
  - ✓ Using proper year's money
- **Amount** - Assure funds are available

OBLIGATION DOCUMENTS

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How do I get what I want?

- Military Interdepartmental Purchase Request (MIPR) - Acceptance (DD Form 448-2)
- Purchase Request and Commitment (PR&C)
- Government Purchase Card (GPC)
- Purchase/Delivery Orders
- Contracts
- SF1034, SF1164
- Travel Request/Authorization (DD1610)
- Supply Requests Accepted / Issued

Military Interdepartmental Purchase Request

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MIPR DD Form 448

MILITARY INTERDEPARTMENTAL PURCHASE REQUEST

1. PAGE 1 OF PAGES

2. FSC | 3. CONTROL SYMBOL NO. | 4. DATE PREPARED | 5. MIPR NUMBER | 6. AMEND NO.

7. **TO:** | 8. **FROM:** *(Agency, name, telephone number of originator)*

9. ITEMS ☐ ARE ☐ ARE NOT INCLUDED IN THE INTERSERVICE SUPPLY SUPPORT PROGRAM AND REQUIRED INTERSERVICE SCREENING.
☐ HAS ☐ HAS NOT BEEN ACCOMPLISHED.

ITEM NO. *a*	DESCRIPTION *(Federal stock number, nomenclature, specification and/or drawing No., etc.) b*	QUANTITY *c*	UNIT *d*	ESTIMATED UNIT PRICE *e*	ESTIMATED TOTAL PRICE *f*

10. SEE ATTACHED PAGES FOR DELIVERY SCHEDULES, PRESERVATION AND PACKAGING INSTRUCTIONS, SHIPPING INSTRUCTIONS AND INSTRUCTIONS FOR DISTRIBUTION OF CONTRACTS AND RELATED DOCUMENTS. | 11. GRAND TOTAL

12. TRANSPORTATION ALLOTMENT *(Used if FOB Contractor's plant)* | 13. MAIL INVOICES TO *(Payment will be made by)*
PAY OFFICE DODAAD

14. FUNDS FOR PROCUREMENT ARE PROPERLY CHARGEABLE TO THE ALLOTMENTS SET FORTH BELOW, THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE ESTIMATED TOTAL PRICE.

ACRN	APPROPRIATION	LIMIT/ SUBHEAD	SUPPLEMENTAL ACCOUNTING CLASSIFICATION	ACCTG STA DODAAD	AMOUNT

15. AUTHORIZING OFFICER *(Type name and title)* | 16. SIGNATURE | 17. DATE

DD FORM 448, JUN 72 (EF) PREVIOUS EDITION IS OBSOLETE.

Military Interdepartmental Purchase Request

MIPR Requirements

- Accepting agencies information
- Unit POC
- Full description of Goods/ Services
- Copies of item requested

Purchase Request and Commitment (PR&C)

PR&C Requirements DA Form

PURCHASE REQUEST AND COMMITMENT
For use of this form, see AR 37-1; the proponent agency is OASA(FM)

1. PURCHASE INSTRUMENT NO.	2. REQUISITION NO.	3. DATE	PAGE OF PAGES

4. TO:	5. THRU:	6. FROM:

It is requested that the supplies and services enumerated below or on attached list be

7. PURCHASED FOR	8. DELIVERED TO	9. NOT LATER THAN *(Date)*

The supplies and services listed below cannot be secured through normal supply channels or other Army supply sources in the immediate vicinity, and their procurement will not violate existing regulations pertaining to local purchases for stock, therefore, local procurement is necessary for the following reason: *(Check appropriate box and complete item.)*

10. NAME OF PERSON TO CALL FOR ADDITIONAL INFORMATION	11. TELEPHONE NUMBER

	12. LOCAL PURCHASES AUTHORIZED AS THE NORMAL MEANS OF SUPPLY FOR THE FOREGOING BY		13. REQUISITIONING DISCLOSES NONAVAILABILITY OF ITEMS AND LOCAL PURCHASE IS AUTHORIZED BY

EMERGENCY SITUATION PRECLUDES USE OF REQUISITION CHANNELS FOR SECURING ITEM

14. ITEM	15. DESCRIPTION OF SUPPLY OR SERVICES	16. QUANTITY	17. UNIT	18. ESTIMATED UNIT PRICE *a*	18. ESTIMATED TOTAL COST *b*

25. THE FOREGOING ITEMS ARE REQUIRED NOT LATER THAN AS INDICATED ABOVE FOR THE FOLLOWING PURPOSE

27. TYPED NAME AND GRADE OF INITIATING OFFICER	28. SIGNATURE	29. DATE
30. TELEPHONE NUMBER		
31. TYPED NAME AND GRADE OF SUPPLY OFFICER	32. SIGNATURE	33. DATE

FUND CERTIFICATION

The supplies and services listed on this request are properly chargeable to the following allotments, the available balances of which are sufficient to cover the cost thereof, and funds have been committed.

19. ACCOUNTING CLASSIFICATION AND AMOUNT

20. TYPED NAME AND TITLE OF CERTIFYING OFFICER	21. SIGNATURE	22. DATE

23. DISCOUNT TERMS

24. PURCHASE ORDER NUMBER

26. DELIVERY REQUIREMENTS

ARE MORE THAN 7 DAYS REQUIRED TO INSPECT AND ACCEPT THE REQUESTED GOODS OR SERVICES YES ☐ NO ☐

IF YES, NUMBER OF DAYS REQUIRED

34. TYPED NAME AND GRADE OF APPROVING OFFICER OR DESIGNEE	35. SIGNATURE	36. DATE

DA FORM 3953, MAR 91 EDITION OF AUG 76 IS OBSOLETE USAPPC V2.00

Purchase Request and Commitment (PR&C)

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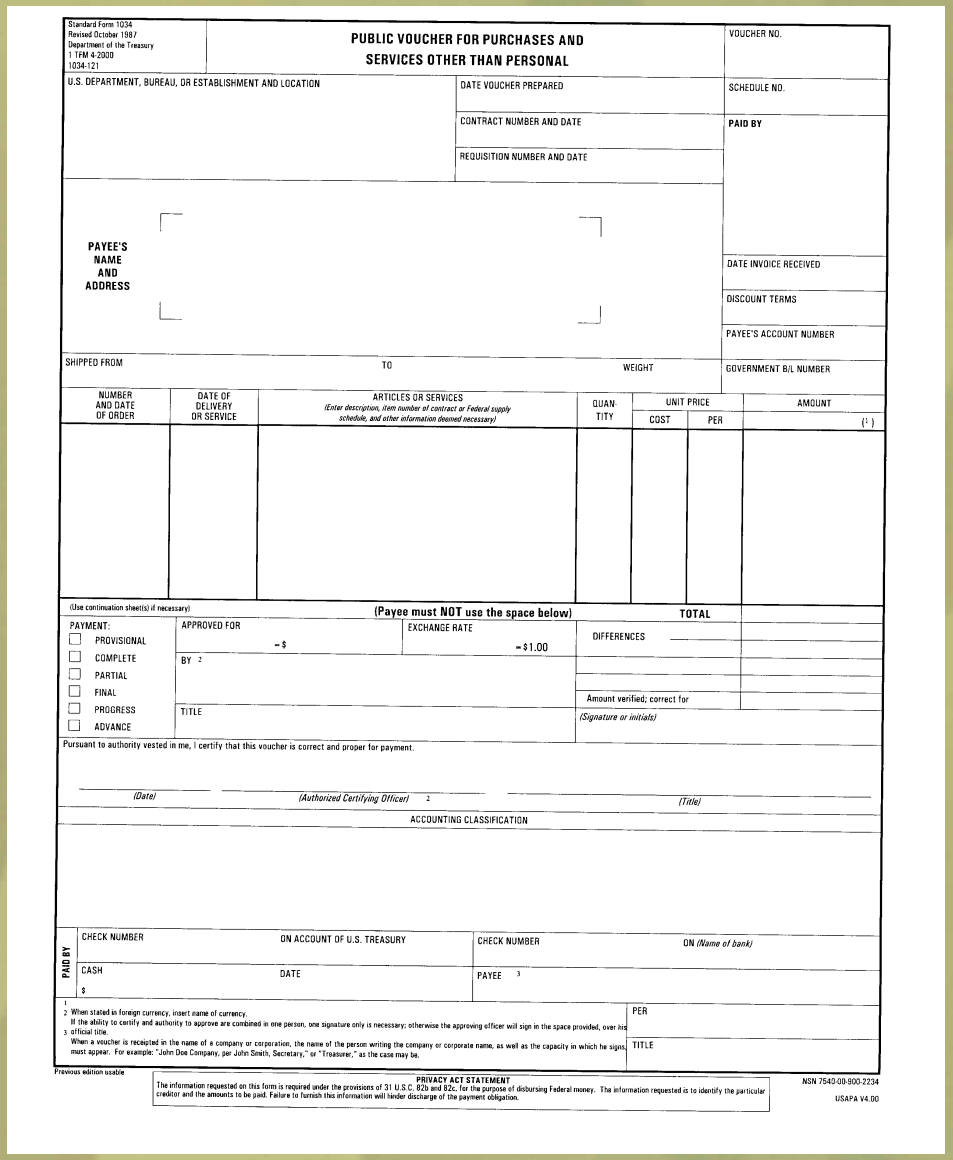
PR&C Requirements

- ✓ Ultimate responsibility of the unit / individual
- ✓ Proper and authorized signatures
- ✓ Quotes of goods or services
- ✓ Follow up that contract is awarded
- ✓ Provide copy of contract to Comptroller office
- ✓ Submit signed and verified receiving report immediately to finance with copy sent to Comptroller office



Standard Form 1034
Revised October 1987
Department of the Treasury
1 TFM 4-2000
1034-121

PUBLIC VOUCHER FOR PURCHASES AND SERVICES OTHER THAN PERSONAL

VOUCHER NO.

U.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION

DATE VOUCHER PREPARED

SCHEDULE NO.

CONTRACT NUMBER AND DATE

PAID BY

REQUISITION NUMBER AND DATE

PAYEE'S NAME AND ADDRESS

DATE INVOICE RECEIVED

DISCOUNT TERMS

PAYEE'S ACCOUNT NUMBER

SHIPPED FROM | TO | WEIGHT

GOVERNMENT B/L NUMBER

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE COST	UNIT PRICE PER	AMOUNT ([1])

(Use continuation sheet(s) if necessary) **(Payee must NOT use the space below)** TOTAL

PAYMENT:
- ☐ PROVISIONAL
- ☐ COMPLETE
- ☐ PARTIAL
- ☐ FINAL
- ☐ PROGRESS
- ☐ ADVANCE

APPROVED FOR = $

EXCHANGE RATE = $1.00

DIFFERENCES

BY [2]

Amount verified; correct for

TITLE

(Signature or initials)

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) *(Authorized Certifying Officer)* [2] *(Title)*

ACCOUNTING CLASSIFICATION

PAID BY

CHECK NUMBER | ON ACCOUNT OF U.S. TREASURY | CHECK NUMBER | ON *(Name of bank)*

CASH $ | DATE | PAYEE [3]

[1]
[2] When stated in foreign currency, insert name of currency.
If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
[3] When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be.

PER

TITLE

Previous edition usable

PRIVACY ACT STATEMENT
The information requested on this form is required under the provisions of 31 U.S.C. 82b and 82c for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

NSN 7540-00-900-2234

USAPA V4.00

Standard Form 1034

SF1034

- ✓ Reimbursement claim
- ✓ Receipts
- ✓ Address/SSN
- ✓ Routing/account number
- ✓ Dollars or Euros

Travel Request/Authorization (DD1610)

REQUEST AND AUTHORIZATION FOR TDY TRAVEL OF DOD PERSONNEL
(Reference: Joint Travel Regulations (JTR), Chapter 3)
(Read Privacy Act Statement on back before completing form.)

1. DATE OF REQUEST *(YYYYMMDD)*

REQUEST FOR OFFICIAL TRAVEL

2. NAME *(Last, First, Middle Initial)*
3. SOCIAL SECURITY NUMBER
4. POSITION TITLE AND GRADE/RATING
5. LOCATION OF PERMANENT DUTY STATION (PDS)
6. ORGANIZATIONAL ELEMENT
7. DUTY PHONE NUMBER *(Include Area Code)*
8. TYPE OF ORDERS
9. TDY PURPOSE *(See JTR, Appendix H)*
10a. APPROX. NO. OF TDY DAYS *(Including travel time)*
b. PROCEED DATE *(YYYYMMDD)*
11. ITINERARY
VARIATION AUTHORIZED
12. TRANSPORTATION MODE
a. COMMERCIAL: RAIL | AIR | BUS | SHIP
b. GOVERNMENT: AIR | VEHICLE | SHIP
c. LOCAL TRANSPORTATION: CAR RENTAL | TAXI | OTHER
PRIVATELY OWNED CONVEYANCE *(Check one)*
RATE PER MILE:
ADVANTAGEOUS TO THE GOVERNMENT
MILEAGE REIMBURSEMENT AND PER DIEM IS LIMITED TO CONSTRUCTIVE COST OF COMMON CARRIER TRANSPORTATION AND PER DIEM AS DETERMINED AND TRAVEL TIME AS LIMITED PER JTR
AS DETERMINED BY APPROPRIATE TRANSPORTATION OFFICER *(Overseas Travel only)*
13. a. PER DIEM AUTHORIZED IN ACCORDANCE WITH JTR
b. OTHER RATE OF PER DIEM *(Specify)*
14. ESTIMATED COST
a. PER DIEM $
b. TRAVEL $
c. OTHER $
d. TOTAL $
15. ADVANCE AUTHORIZED $
16. REMARKS *(Use this space for special requirements, leave, excess baggage, accommodations, registration fees, etc.)*
17. TRAVEL-REQUESTING OFFICIAL *(Title and signature)*
18. TRAVEL-APPROVING/DIRECTING OFFICIAL *(Title and signature)*

AUTHORIZATION

19. ACCOUNTING CITATION
20. AUTHORIZING/ORDER-ISSUING OFFICIAL *(Title and signature)*
21. DATE ISSUED *(YYYYMMDD)*
22. TRAVEL ORDER NUMBER

DD FORM 1610, JAN 2001 PREVIOUS EDITION IS OBSOLETE. USAPA V1.00

CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME *(Last, first, middle initial)*

b. SOCIAL SECURITY NO.

c. MAILING ADDRESS *(Include ZIP Code)*

d. OFFICE TELEPHONE NUMBER

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

DATE 20 ____ (a)	CODE (b)	Show appropriate code in col. (b): A — Local travel, B — Telephone or telegraph, or C — Other Expenses (itemized). (Explain expenditures in specific detail.) (c) FROM	(d) TO	MILEAGE RATE ¢ / NO. OF MILES (e)	AMOUNT CLAIMED MILEAGE (f)	FARE OR TOLL (g)	ADD PER-SONS (h)	TIPS AND MISCEL-LANEOUS (i)
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK					
				TOTALS				

7. AMOUNT CLAIMED *(Total of cols. (f), (g) and (i).)* ▶ $

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

Sign Original Only

CLAIMANT SIGN HERE ▶ DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*

b. DATE RECEIVED

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

1164-210-09

STANDARD FORM 1164 (Rev.5-80)
Prescribed by GSA, FPMR (CFR 41) 101-7

USAPA V5.00

Government Purchase Card

- Billing Officials should review and certify invoices for payment within five working days of the billing statement date.
- Use of the Purchase Card Log (transaction log) in CARE is mandatory!
- Key to Success: Document everything and maintain records.
- Files should be maintained for 6 years and three months for audit trail.
- Contact your APC for any discrepancies, issues or erroneous

Government Travel Card

- Use your travel card “ONLY” for official Government Travel (ATM advances, lodging, rental car, meals & very limited use for ‘emergency’ retail charges)
- Use of the travel card for PCS expenses is prohibited, unless there is a requirement for TDY enroute
- Delinquent Account – any account whose balance is not paid in full by the due date
- If your card is lost or stolen-Notify Bank of America at: 99-0800-888-0013, or collect call to 001-757-441-4124
- Notify your APC

Comments / Questions